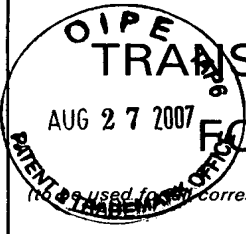


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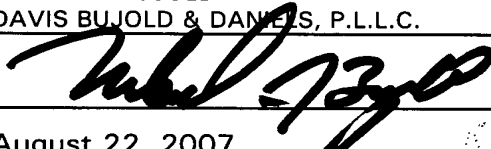
	Application Number	10/527,479
	Filing Date	with an effective filing date of September 8, 2003
	First Named Inventor	Hermann NEIDLEIN et al.
	Group Art Unit	2891
	Examiner Name	Gary F. PAUMEN
Total No. of Pages in this Submission: 29		Attorney Docket Number LORWER P35AUS

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form . . . . . [2]<br><input checked="" type="checkbox"/> Fee attached + Check \$100<br><input checked="" type="checkbox"/> Response . . . . . [26]<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><br>Postcard |
|--|---|--|


REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

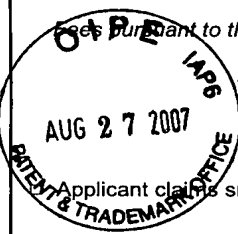
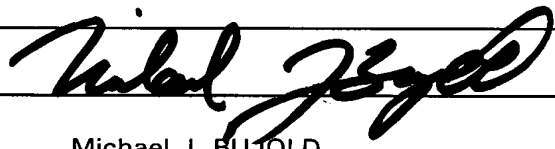
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	August 22, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2007.

Type or printed name	Michael J. BUJOLD
Signature	 Date: August 22, 2007 (Lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Effective on 12/08/2004.  <i>See Supplement to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> </div> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Application No. Filing Date</td> <td style="width:50%;">10/527,479 with an effective filing date of September 8, 2003</td> </tr> <tr> <td>First Named Inventor Examiner Name Art Unit</td> <td>Hermann NEIDLEIN et al. Gary F. PAUMEN 2891</td> </tr> <tr> <td>Attorney Docket No.</td> <td>LORWER P35AUS</td> </tr> </table>		Application No. Filing Date	10/527,479 with an effective filing date of September 8, 2003	First Named Inventor Examiner Name Art Unit	Hermann NEIDLEIN et al. Gary F. PAUMEN 2891	Attorney Docket No.	LORWER P35AUS
Application No. Filing Date	10/527,479 with an effective filing date of September 8, 2003								
First Named Inventor Examiner Name Art Unit	Hermann NEIDLEIN et al. Gary F. PAUMEN 2891								
Attorney Docket No.	LORWER P35AUS								
TOTAL AMOUNT OF PAYMENT: \$100									
METHOD OF PAYMENT (check all that apply)									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C</u>									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES									
<u>Fee Description</u>				<u>Fee (\$)</u>		<u>Small Entity Fee (\$)</u>			
Each claim over 20 (including Reissues)				50		25			
Each independent claim over 3 (including Reissues)				200		100			
Multiple dependent claims				360		180			
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>				
17		-20 or HP =			<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>		
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					
4		-3 or HP +	1	x \$100 =			\$100		
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
		-100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)									
Other (e.g., late filing surcharge): _____									
SUBMITTED BY									
Signature					Telephone (603) 226-7490				
Name (Print/Type)	Michael J. BUJOLD			Registration No. (Atty/Agent)	32,018		Date: August 22, 2007		